

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005771

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 77

FILED MAR 4 1963

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Jefferson City

Length of stay in 1b

2 Weeks

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location)

Charles E. Still Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Camden

c. CITY OR TOWN

Camden

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

304 First Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Mary

Middle

Jane

Last

Cornwell

4. DATE OF DEATH

Month

Feb.

Day

23 - 1963

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

July 4 - 1900

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months Days

7 19

IF UNDER 24 HR

Hours Min.

7 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Decaturville Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Mel Cook

13b. MOTHER'S MAIDEN NAME

Sarah Bell Bollinger

14. NAME OF HUSBAND OR WIFE

Aubrey Cornwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Aubrey Cornwell

Address

Camden Mo

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Toxic Coma

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Hepatic Insufficiency

DUE TO (c)

Cirrhosis of liver.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year. a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1958 to death and last saw her alive on Feb 23, 1963. Death occurred at 9:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title)

L. S. Duffin

22b. ADDRESS

420 E. High

22c. DATE SIGNED

2/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 26 - 1963

23c. NAME OF CEMETERY OR CREMATORY

Roach Cemetery

23d. LOCATION (City, town, or county)

Roach

(State)

Mo

24. FUNERAL DIRECTOR

Robert H. Reed

ADDRESS

Camden Mo.

25. DATE RECD. BY LOCAL REG.

26 February 1963

26. REGISTRAR'S SIGNATURE

R. Harris - M. Richter, Dep

(Licensed under the State of Missouri)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0269

2 0150

3

4 1

5 1

6

7 0

8 0

9 581.0

10

11

12 1-2

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.